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ABSTRACT

The disruptive problem behaviors with which children often respond to wartime stresses can leave parents and teachers feeling helpless and discouraged. This manual is intended to provide simple, practical advice for parents and teachers in communities where children are daily subjected to the extreme stress of war and other forms of systematic violence. Part 1 describes wartime experiences and provides keys to understanding the distinction between "normal" and "severe" reactions. Part 2 proposes general guidelines--one set for teachers, another for parents--for dealing constructively with reactions to stress. The chapters are: (1) "Nine Wartime Experiences that Cause Stress in Children," including death of loved ones, refugee status, and exposure to violence as witness and as victim; (2) "Understanding Children's Reactions to Wartime Stresses"; (3) "Children's Normal Reactions to Wartime Stresses," divided by preschool, young child, and adolescent age groups; (4) "Home and School Support for Children and Adolescents"; (5) "Ten Specific Problems--Advice for Parents and Teachers," including clinging, depression, and risk-taking; and (6) "When a Child-Care Specialist is Needed." Additional sources for information on helping children cope with wartime trauma are included. (HTH)

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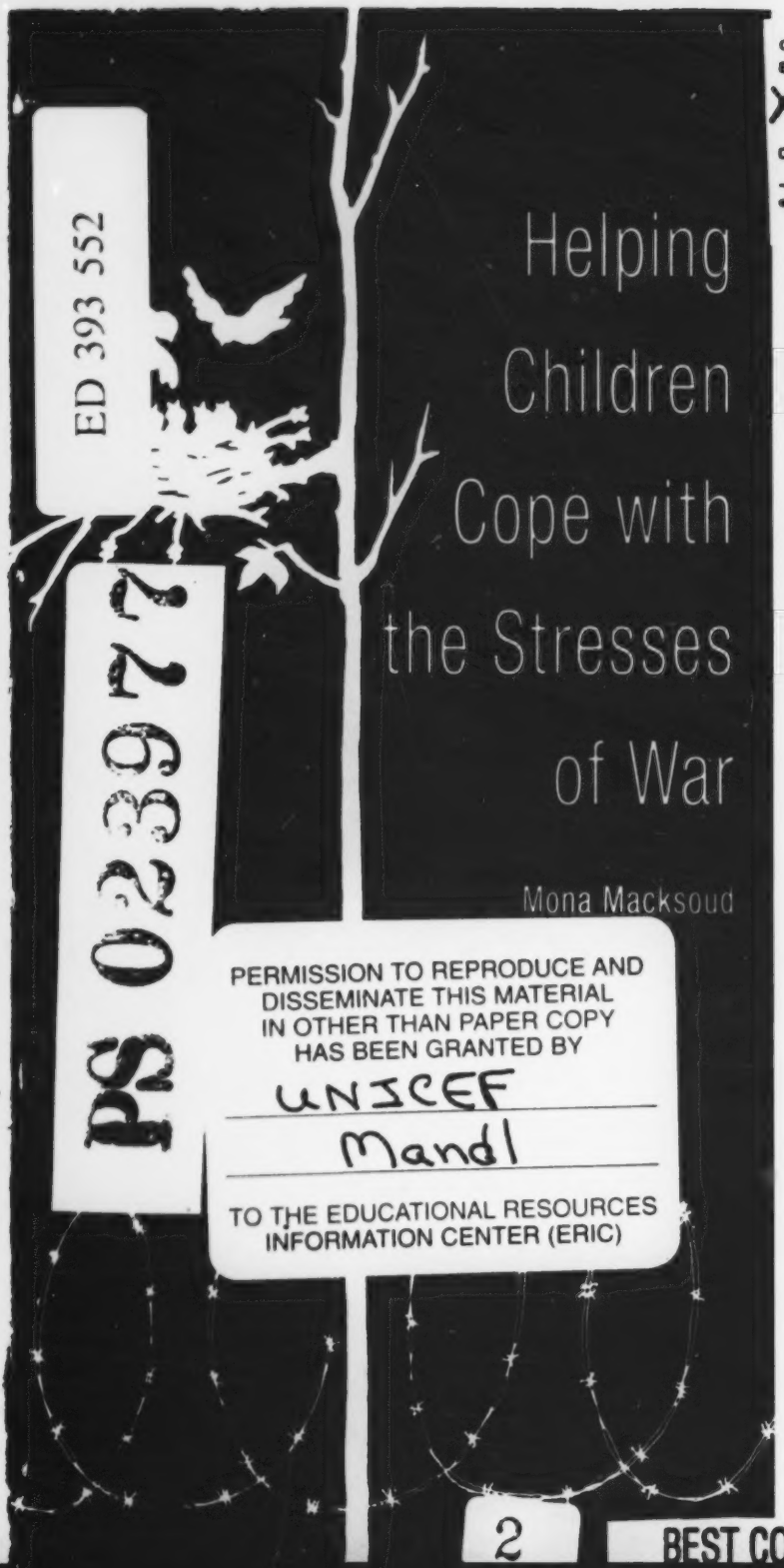

Helping Children Cope with the Stresses of War

Mona Macksoud

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a manual

for

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and

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including advice on

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DEPRESSION
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about this manual

Statement of AIMS

This manual is intended for parents and teachers in communities where children are daily subjected to the extreme stresses of war and other forms of systematic violence. The disruptive problem behaviours with which these children often respond to wartime stresses can leave parents and teachers feeling helpless and discouraged. This manual is an empowering resource that provides them with simple, practical advice.

STRUCTURE of the manual

Though this manual has been designed to facilitate reference to specific topics—with key-word summaries appearing alongside the main text—it is a good idea to read it all the way through before focusing on individual sections.

Beginning with descriptions of nine wartime experiences that are stressful to children, Part One provides keys to understanding the distinction between "normal" and "severe" reactions, the need to identify the specific cause of a child's reaction (Chapter 2) and the reactions characteristic of children at different ages (Chapter 3).

Part Two proposes general guidelines—one set for teachers, another for parents—for dealing constructively with reactions to stress characteristic of different age groups (Chapter 4). Chapter 5 provides specific, practical advice for handling ten common problem behaviours. "Sample sentences" accompanying the text in chapters 4 and 5 exemplify the tone and content found most appropriate in helping children resolve their problem behaviours. Chapter 6 offers guidance in identifying problem behaviours that cannot be handled solely by parents and teachers, and that require the expertise of a child-care professional.

Tested IN THE FIELD

The material in this manual is based on methods and approaches that have undergone extensive testing in recent years. In war-torn Lebanon and Kuwait, an earlier version—in Arabic—was circulated to teachers in more than 500 schools, to mental health workers in youth camps and to the staff in a variety of community programmes. In addition, media presentations illustrating the information in the manual were developed for use by concerned parents.

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Part One Chapter 1

What parents and teachers should know about children's responses to the stresses of war

Nine wartime experiences that cause stress in children

Nine stressful wartime EXPERIENCES

As more contemporary wars are fought among civilian populations, children increasingly become direct targets for violence. Some children witness the deaths of parents or friends; others suffer physical injuries or handicaps; some are forced to separate from their parents or close family members; others become soldiers and actively participate in the war. There is no doubt that the types of experiences children face during wartime are quite varied, and each child will be differently affected by a war. This chapter briefly describes the nine most typical experiences children face that are known to have a negative effect on children's developmental lives.

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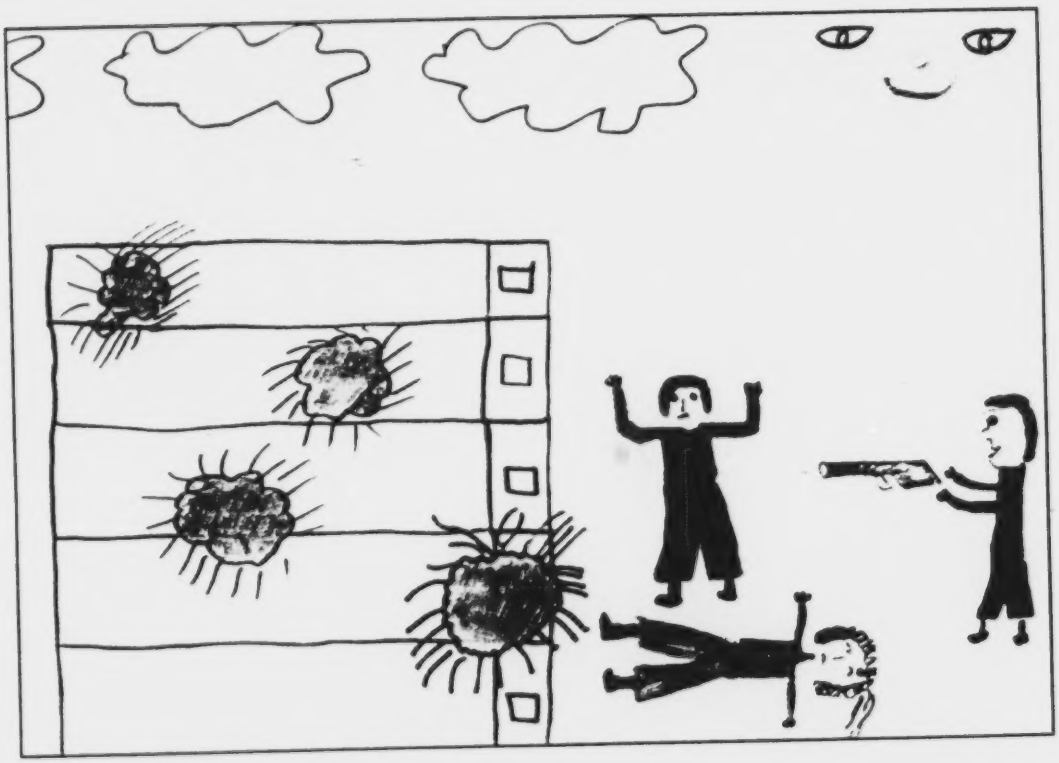
WARTIME stresses on children

The meaning a child attaches to a specific event or experience will determine just how taxing such an event or experience is for the child. So, for example, if a child's father is killed during fighting, the impact on the child will vary depending on the meaning the child attributes to the event. If the child perceives the death as a heroic act that the child strongly identifies with, the event will be less traumatic than if the child perceives the death as accidental and unfair, and if the child has no direct identification with the war. However, on the whole, the following war experiences are so intense and stressful that they will produce distress in most children.

Parent or close relative's **DEATH**



ORIGINAL ARTWORK BY

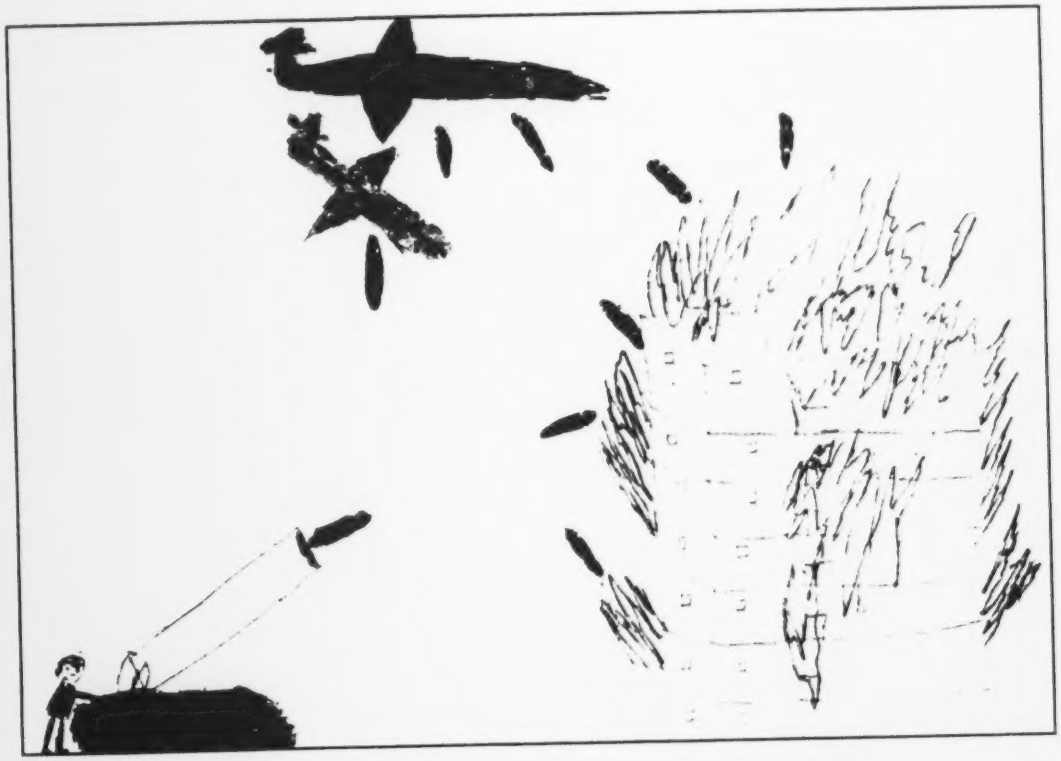
a ten-year-old whose sister was killed.

WARTIME stresses on children

Often children lose someone close to them during a war (such as a parent, a sibling, a member of the extended family, a teacher or a close neighbour). In some countries, as many as 25 per cent of the children have lost a parent as a result of ongoing conflicts. And, there are places where the proportion of children deprived of a close family member as a result of wartime violence climbs above 50 per cent. Generally speaking, these deaths are attributable to "direct killing"—artillery fire and the like.

The violent death of someone close to a child, especially if it is a parent or other primary caregiver, and especially if a child witnesses the death, is known to bring about severe stress and depressive reactions in the bereaved child.

Exposure to **COMBAT**



ORIGINAL ARTWORK BY an eight-year-old exposed to shelling.

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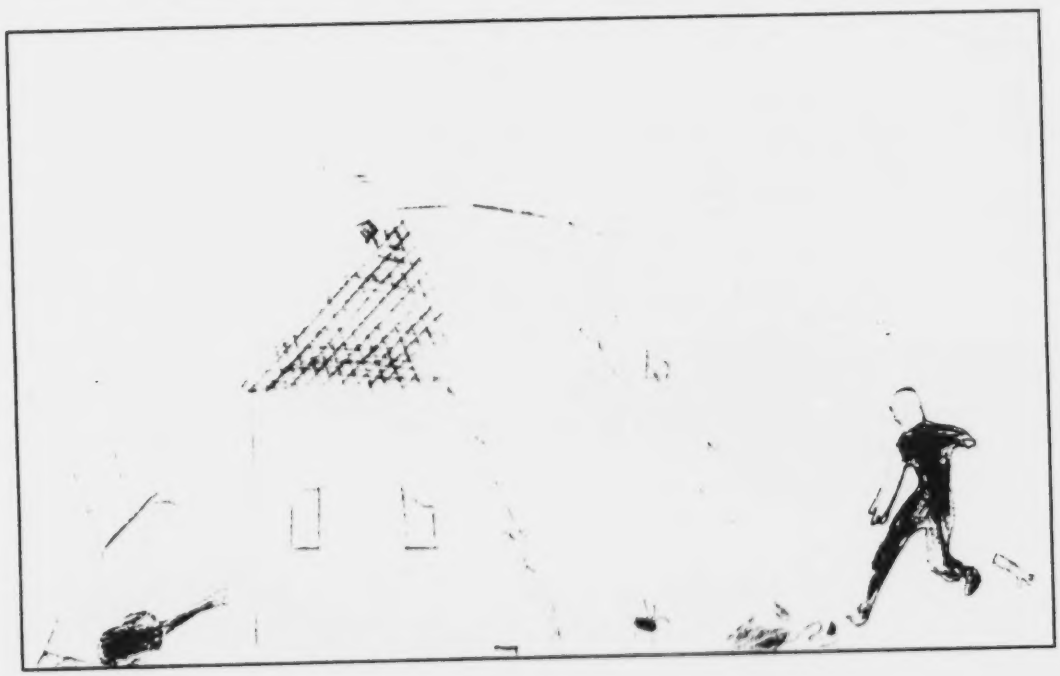
WARTIME stresses on children

Shelling of residential areas, artillery exchanges between rival militias in the vicinity of homes and schools, random explosions of car bombs in the streets, attacks by armed forces on homes and villages are all common occurrences in most war-torn countries.

The effects of such violence (e.g., homes or huts destroyed, civilians killed or injured, parents frantically seeking safer places) all increase children's anxiety levels. As a consequence, some children develop a range of phobias and fearful reactions.

Having to live as a **REFUGEE**



ORIGINAL ARTWORK BY

an eleven-year-old forced
by war to become a refugee.

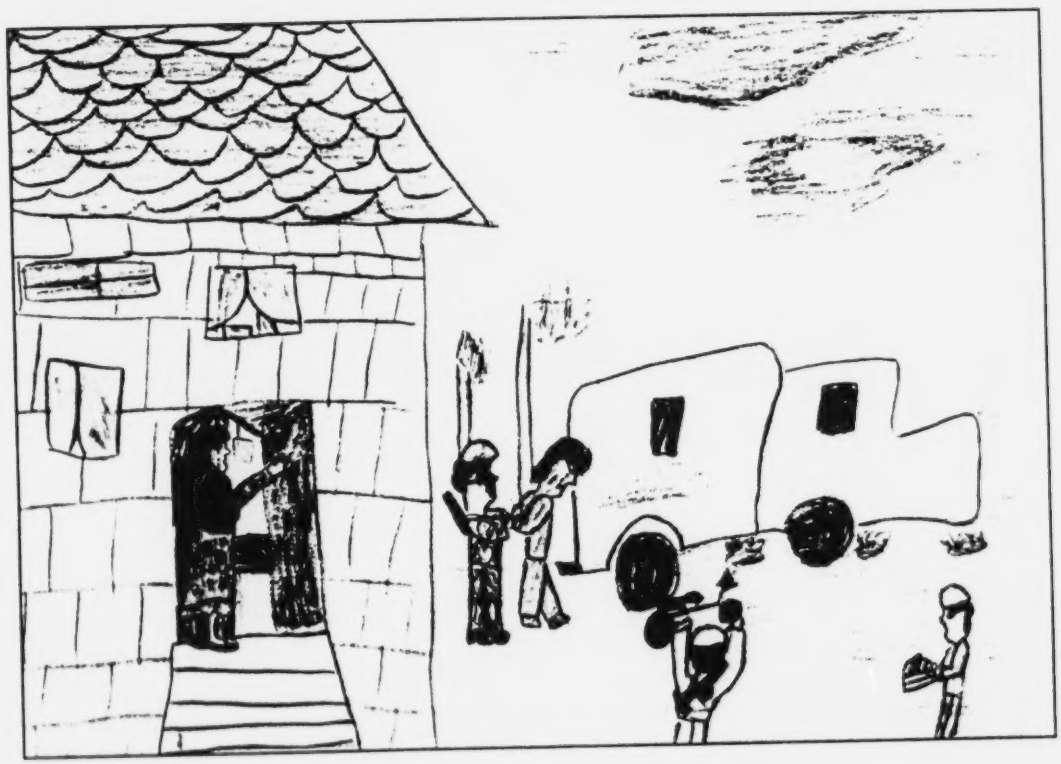
WARTIME stresses on children

Fierce fighting, harassment, intimidation and finding themselves targeted for violence cause families to abandon their homes and belongings and flee to safer places.

Whether a family moves to a new home, a new region or a new country, be the move temporary or more long-term, the change of living arrangements is always very distressing to the whole family, and especially to children. Most families lose their social support networks and become very isolated in their new environment. Children are often removed from familiar surroundings and separated from family and close friends. Refugee children face the additional burden of learning a new language and a new culture.

As a consequence of forced and unanticipated displacement, some children initially become very vulnerable and insecure and develop severe anxiety reactions, including separation anxieties, school phobias, psychosomatic complaints and sleeping problems. Some children become sad and nostalgic and feel the need to mourn their old home; others actively reject their new environment and become aggressive, disruptive and difficult to discipline.

Long-term **SEPARATION**



ORIGINAL ARTWORK BY

an eleven-year-old whose father was arrested.

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WARTIME stresses on children

The traumatic effects of long-term separation from parents or primary caregivers on children were a primary concern of psychologists during the Second World War. Studies during the London Blitz showed that forced separations from parents were related to mental health problems among young children (namely, depressive and anxious behaviour), and most international relief organizations took great care not to separate children from their parents. Nevertheless, separations from a parent for extended periods of time are common occurrences in contemporary wars. Most children reported kidnapping of parents as the main reason for these separations.

Separation from parents or other close family members for long periods of time and under violent conditions (e.g., due to parent's involvement in the fighting, being kidnapped or being reported missing) is in itself a very stressful experience for children, especially younger children (2–5 years old). In addition, during times of war, parents act as "protective shields" against atrocities. There is no doubt that children are better off remaining with their families even though they may witness destruction and deprivation.

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Exposure to violence as a **WITNESS**

ORIGINAL ARTWORK BY

an eleven-year-old forced to witness acts of violence.

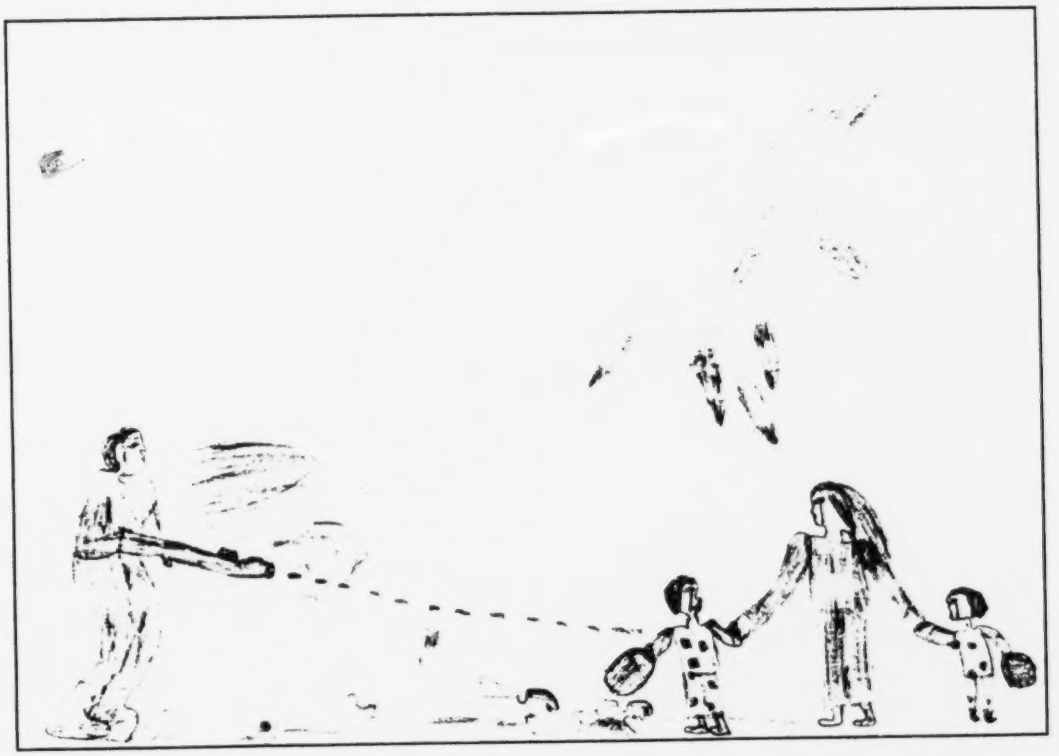
22

WARTIME stresses on children

In war, violence is a daily manifestation in the lives of children. Many witness the intimidation or torture or death of someone close to them or of someone they know; others see people badly injured during indiscriminate firing or being killed during massacres.

Often parents are ignorant of what their children have actually witnessed. Sometimes, older children, in an effort to protect their parents, do not share with them the horrors they have seen. Regardless of whether children are able to share their experiences with someone close to them or not, such violent "viewings" leave intense feelings of fear, mistrust and anger in many children.

Exposure to violence as a **VICTIM**



ORIGINAL ARTWORK BY

a twelve-year-old victim
of wartime violence.

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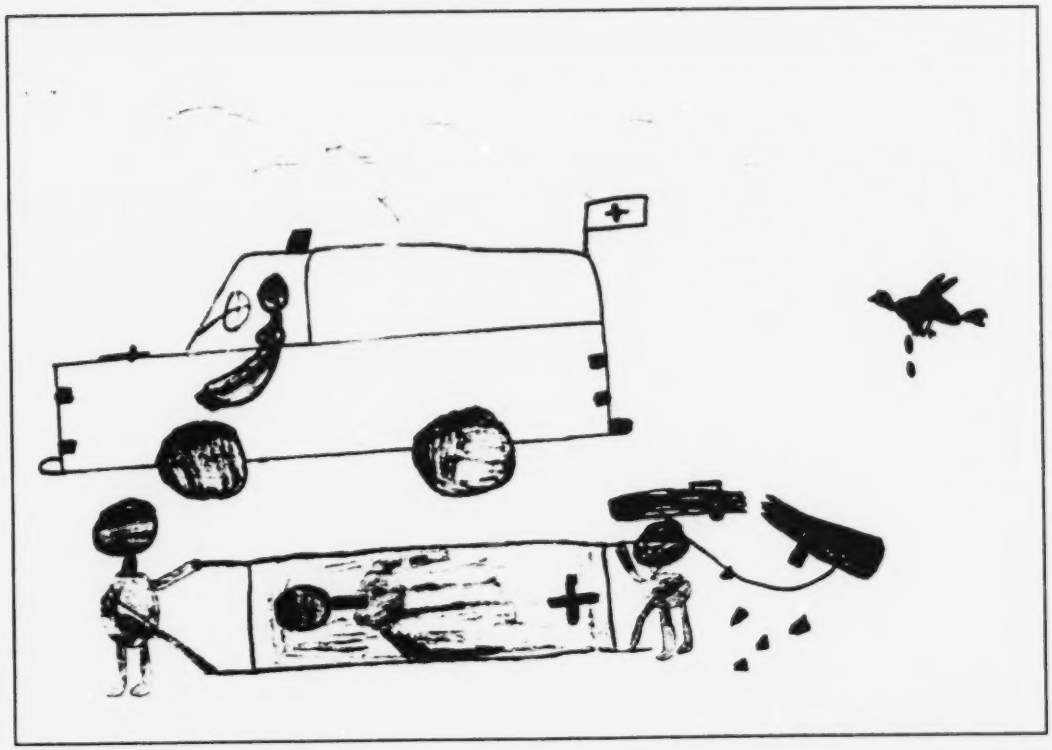
WARTIME stresses on children

Many children are themselves victims of violence. They are, for example, kidnapped, arrested, detained or tortured. In some countries, fully one quarter of the children report that they have been tortured, and more than half that they have been threatened by the armed forces. Figures on the proportion of children imprisoned in areas of conflict run as high as 16 per cent.

As might be expected, children subjected to violent acts of this nature may develop severe stress reactions that must be handled by qualified child-care specialists.

Suffering physical **INJURIES**



ORIGINAL ARTWORK BY

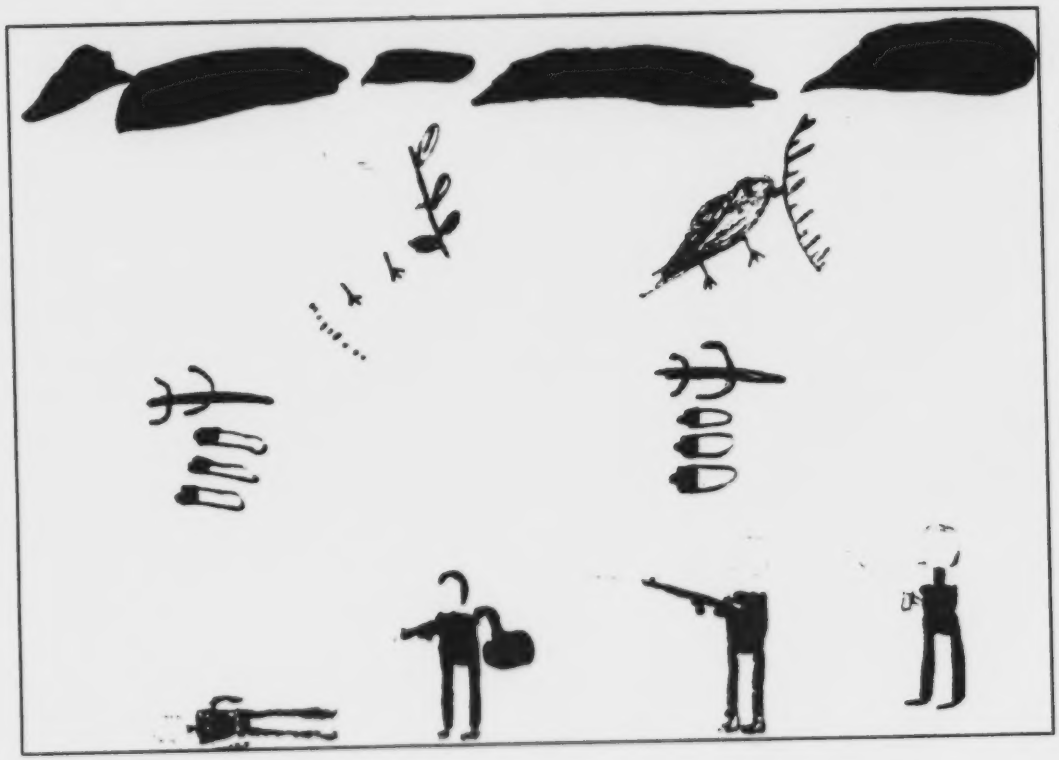
a seven-year-old, recalling
battlefield treatment of injuries.

WARTIME stresses on children

Children exposed to shelling or combat may have to cope with serious physical injuries, such as amputations, serious burns or loss of hearing. There are places where as many as 10 per cent of the children are reported to have developed a physical handicap as a result of wartime violence.

Children with physical handicaps require a multitude of services (such as prosthesis, physiotherapy, rehabilitative work and vocational training) in addition to psychological interventions to help them accept and cope with their condition.

Participation in ARMED FORCES



ORIGINAL ARTWORK BY

an eleven-year-old who took part in combat.

WARTIME stresses on children

Some children are forced to participate in the combat directly or indirectly, while others voluntarily enlist. It is not unheard of for as many as a quarter of the children in conflict situations to have participated in combat and killed people. Child soldiers often exhibit severe problem behaviours as a result of their experiences.

In addition, the recruitment of children into the armed forces is often accompanied by heavy indoctrination programmes that glorify violence. Feelings of revenge and aggression come to dominate children's thoughts in such circumstances.

War-caused **POVERTY**

ORIGINAL ARTWORK BY

a nine-year-old war victim
who suffers extreme poverty.

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WARTIME stresses on children

Although poverty is not solely attributable to war, severe deprivation as a result of war (such as limited access to food or water) may tax children's physical and psychological development. There is extensive documentation of the relation between chronic malnourishment and vulnerability to psychological distress among children in conflict situations.

Part One Chapter 2

Understanding children's reactions to wartime stresses

NORMAL vs. SEVERE REACTIONS

It is important to remember that it is **NORMAL** for children to show stress reactions or exhibit problem behaviours after scary and painful experiences. Most of the war experiences discussed in Chapter 1 introduce changes into the daily lives of children, leaving them frightened, insecure and angry. These feelings are exacerbated if children do not understand the changes and if they receive no help from their parents on how to cope with their new circumstances. Children's stress reactions are considered **SEVERE** (or extreme) when they become very intense, last for a long time and alter the way family, teachers, peers or others respond to the child. In these instances, children require more specialized help than what parents or teachers can offer.

Try to differentiate between events the child has actually experienced or witnessed, those the child has heard about from others or watched on television, and those events the child fearfully anticipates will happen. Although a child's reactions may be the same regardless of whether he or she has actually seen a stressful event or merely worried that it might happen, you must know the kind of experience the child has had in order to help.

The next step is to find out how the child felt when the event(s) happened. Was the child frightened? Did the child feel angry and helpless because the situation could not be changed? Was the child's upset relatively mild, because the event did not dramatically affect day-to-day life?

Determine the child's own assessment of the nature and intensity of his or her reactions.

Identifying CAUSES

Identifying the war experiences causing a child's stress is crucial to providing help.

As a first step in understanding children's reactions to war experiences, it is important to know three things:

1. the types of experiences the child has been exposed to
2. how he or she feels about these experiences
3. which war experience(s) the child perceives as MOST stressful and difficult to adjust to.

Most children during wartime will experience a multitude of stressful events. Parents and teachers may not always be aware of what these events are, or whether the child was mildly or extremely upset by them. It is important to first find out what the child has experienced.

UNDERSTANDING children's reactions

Begin with the child's judgement about which experience has caused the most stress.

Although children may exhibit problem behaviours as a result of a generalized state of anxiety (due to the occurrence of several stressful events at the same time), most problem behaviours can be linked to specific stressful events or drastic changes in the day-to-day life of a child. Knowing what the child is reacting to will help you intervene more effectively.

For example, if a child is forced to leave his or her family and live somewhere else because of fierce fighting, and during the same period of time the child's father is reported missing, it is important to find out which experience the child perceives as the most stressful to adjust to. If the child says nothing, a caregiver may mistakenly assume that leaving home is the event causing the child's stress, although the child is actually reacting to the worry about the missing father.

Many factors shape a child's reactions to wartime stresses.

Not all children react the same way to stressful events. This is because children's stress reactions depend on many variables, including the type of event, the child's temperament, age, home environment and relationship with his or her family. A death in the family may move a shy child to withdraw, whereas a more assertive child may become more aggressive.

Identifying CAUSES

Find the source of a child's distress by determining when behaviour changed.

With children it is easier to understand the cause of their distress than with adults. Children are more direct in their responses. You can always find out the source of distress by noticing when the problem behaviour started. Older children can express what is bothering them, and they can readily share how they feel with a person they trust. With younger children, a parent or teacher may need to use play or story-telling activities to elicit indications of what is upsetting them.

Some children may not exhibit distress because they are "accustomed" to violence.

It is important to note that under long-standing war situations (e.g., Lebanon, Ireland), some children become "accustomed" to certain repetitive stressful experiences (e.g., shelling, displacement, acts of violence) and may not display any distress. Their development, however, is still affected negatively by these experiences: their needs for healthy development are not being met.

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Part One Chapter 3

Children's normal reactions to wartime stresses

Importance of the child's AGE

Age is an important factor to consider separately, because age affects the way a child understands an event, the way he or she reacts to it and the way he or she will absorb the help that is offered. The developmental achievements specific to each age group, whether in the area of cognition, emotions or social relationships, all will influence the child's reaction to a very stressful experience. The following are general observations on how children react to very stressful experiences depending on their age.

REACTIONS of VERY YOUNG CHILDREN

Very young children often show no obvious reactions to stressful events.

Very young children are dependent on adults for their protection and safety. They feel helpless and passive when confronted with life-threatening situations and thus require the presence of adults to feel safe in the presence of danger. Some children may appear subdued following a stressful event, as if the event never happened. However, the silence does not mean that the event did not affect the child. In fact, young children will give full details of a very stressful event to a trusted person at a later point in time.

Elements of a stressful event often show up in a child's play.

Elements of the event will show up in the child's play activities. A four-year-old Lebanese girl who witnessed the stabbing of her father by militia fighters repetitively played by stabbing her doll and rushing it to the hospital. Re-enactments and play involving some aspects of the very stressful situation are extremely common among very young children. It is the child's way of trying to master the impact of what happened by re-creating the situation over and over in play.

Reactions typical at AGES 2-5

Very young children often become highly fearful following stressful experiences.

After a stressful experience, very young children become very fearful of actual things in their environment and/or of imagined things. It is very common for children to react strongly to all things that directly or indirectly remind them of the stressful experience. Children who had their home shelled, for example, may react strongly to thunder or any loud noise, or experience fear every time they are alone in the house. Very young children may also become fearful of imagined things, such as "witches" that visit them in the night or "bad people" that want to hurt them.

Very young children do not understand the concept of death; they will expect the dead person to return.

Children at this age do not understand the concept of death and equate it with separation. They may think death is reversible and expect the dead person to return. Those who lose a parent may develop a strong fear that the other parent or close family members may be killed.

BEHAVIOUR to watch for

- Children under five react to stressful events in their lives with anxious attachment behaviour and separation anxiety. They fearfully cling to parents, fear going to sleep and have temper tantrums when left alone.

ANXIOUS ATTACHMENT

SEPARATION ANXIETY

- Regression to earlier developmental steps, such as a return to former transitional objects (e.g., thumb-sucking, security blanket, etc.) or going backwards in speech, is a sign of distress among this age group. Loss of recently acquired developmental skills, exhibited, for example, through bed-wetting or loss of bowel control, also characterizes this age group.

REGRESSIVE BEHAVIOUR

LOSS OF NEW SKILLS

- Because of the pressure to understand a very stressful event while awake and during sleep, nightmares and night terrors are common occurrences among very young children.

NIGHTMARES

NIGHT TERRORS

Reactions typical at AGES 6-12

Young children are able to understand the meaning of stressful experiences.

Young (ages 6 to 12) children can utilize a wider repertoire of cognitive, emotional and behavioural responses to deal with very stressful experiences. They acquire the ability to recall events in a logical way and to understand the meaning of what has happened to them.

Young children use fantasy and play to deal with very stressful experiences.

In the cognitive domain, young children will often deal with a very stressful experience in fantasy. They will often fantasize that they prevented the stressful event from happening (e.g., that they have rescued their father from being killed or that they tricked the assailants) or that a different outcome took place (e.g., that the father was not home when the assailants came or that the father shot the assailants). The ability to deal with a stressful event in fantasy, whether in elaborate play activities or re-enactments, gives children a way to counteract their feelings of helplessness. This cognitive maturity, however, also makes young children more prone to feelings of guilt and self-reproach. For, when children can imagine ways in which they could have prevented the occurrence of a stressful event, they may also blame themselves for not having done enough.

REACTIONS of YOUNG CHILDREN

Young children can understand that death is final and irreversible.

In the event of a death, young children understand the concept of death in a more advanced way. They know that death is final and irreversible. Unlike younger children, they do not expect the dead person to return.

Young children feel fearful and vulnerable following stressful experiences.

After very stressful experiences, young children become very fearful of their environment and of others. After a serious physical injury, for example, young children's sense of personal safety is shattered, and they are left harbouring intense feelings of vulnerability and of constantly expecting negative things to happen to them.

War distorts young children's moral and social concepts and behaviour.

Concepts such as justice, morality and altruism all become defined in relation to the social reality of violence that prevails during war. Many young children are exposed to heavy indoctrination through the media, at home or at school, which tend to glorify violence, revenge and fanaticism. Young children, for example, will accept that killing, as a way of solving conflicts, is morally permissible, or that altruistic behaviour should be confined to one's religious or ethnic group.

Problems common at AGES 6-12

POOR CONCENTRATION

RESTLESSNESS

LEARNING DISORDERS

- Young children will experience difficulties concentrating, and their school performance may decline. Children's decreased ability to concentrate is often caused by the intrusion of stressful memories and by a sad affect. They are distracted, restless, and unable to focus and complete their schoolwork. Learning disorders, and the associated conduct disturbances, are very common among this age group.

ANXIETY

'ACHES & PAINS'

- Anxious behaviour in this age group is characterized by nervousness (e.g., rocking, stuttering, nail-biting), emotional overdependence, hyperactivity and eating problems. In addition, this age group is particularly susceptible to the development of psychosomatic complaints (such as dizziness, headaches, stomach pains) or physical problems with no apparent causes.

BEHAVIOUR to watch for

- Young children frequently exhibit extreme and dramatic behavioural changes. They either become aggressive and demanding (being, for example, very loud and rough during play or acting dominant and defiant, shouting and screaming), or they become withdrawn and passive (for example, they are quiet and well behaved, never express their feelings, lose interest in play and show signs of depression). Both behavioural changes interfere with the child's relationships, especially with peers, and sometimes lead to social isolation.

AGGRESSIVENESS

DEPRESSION

- Acting like a much younger child (such as wetting the bed at night or wanting to sleep in the parents' bed) and sleeping problems are also common among this age group.

REGRESSION

SLEEPING PROBLEMS

Reactions typical at AGES 13-16

Adolescents feel hopeless about the far-reaching consequences of war.

Adolescents are in a stage of life when they undergo many physical and emotional changes. They are also in the process of separating from the security of their families and establishing their own relationships with the outside world. Having the cognitive maturity for deductive reasoning, and the ability to understand the far-reaching consequences of war, adolescents are in many ways more vulnerable than younger children to stressful experiences.

Adolescents need assistance from adults to handle stressful war experiences.

Unlike young children, most adolescents do not use fantasy or play to cope with very stressful experiences. They are more able to talk about what has happened to them, but may require assistance in order to share their feelings openly. Although they are able to identify how their behaviour may or may not have contributed to the outcome of a stressful event, they may still experience strong feelings of guilt for not doing enough to prevent its occurrence. If a close friend, for example, is killed by the armed forces, an adolescent will often feel guilty having been the one to survive the event, even while realizing that he or she had no power to stop the killing.

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REACTIONS of ADOLESCENTS

Adolescents may be forced to assume a premature adult role following stressful experiences. They may appear to function like adults, but they lack the necessary emotional maturity and require the help of adults.

Following stressful events, adolescents may seem more adult than they are.

For adolescents, peers are very important. Adolescents often have more ties within their communities than younger children, and these ties can help them. Peers and adults, such as teachers or community leaders, become an important source of support and security for adolescents.

Peers are an important source of support for adolescents.

Problems common at AGES 13-16

SELF-DESTRUCTIVENESS

RISK-TAKING

- Adolescents use self-destructive behaviours as a way to cope with feelings of anger and depression. Following stressful experiences, many adolescents will engage in high-risk acts, such as rebelling against key authority figures, abusing drugs, joining a militia force, stealing and looting.

WITHDRAWAL

- Adolescents have the capacity to understand how the war may affect their lives, and they do not conceive of themselves as invulnerable. Following stressful experiences, they may become withdrawn, cautious of others, and expect bad things to happen to them again.

PSYCHOSOMATIC COMPLAINTS

- Anxiety in the form of nervousness, constant worry and psychosomatic complaints is also common among this age group.

Part Two Chapter 4

How parents and teachers can help children cope with the stresses of war

Home and school support for children and adolescents

A 'therapeutic' ENVIRONMENT

Children who live under war conditions become emotionally more demanding of their parents and teachers. Because of the war, some children become overanxious and fearful of their environment and may require constant reassurance; others experience personal trauma and may feel extremely vulnerable. Most children will develop behavioural problems as a reaction to witnessing or experiencing violent situations. Thus, it is crucial for parents and teachers to create a "therapeutic" environment at home and in the classroom. Such an environment is characterized by an effort to understand and emotionally support children, to answer their questions honestly, to attend to their concerns and fears, to encourage them to seek solutions to personal problems and to help them cope with or overcome difficult situations.

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GUIDELINES for PARENTS

Avoid separating children from parents or other primary caregivers.

Children need to feel secure and safe. They especially need to feel close to the people they are attached to, such as parents, siblings or other close family members. If possible, in time of stress, they should not be separated from their primary caregiver (e.g., mother, father, grandmother). If separation is unavoidable (due to the death of the primary caregiver, for example), it is important to help the child form new close relationships to re-create the feeling of safety.

Help children understand the changes happening around them.

Children need to understand the changes that take place around them. They need to talk repetitively about what has happened to them and to express their feelings. It is important to spend time "listening" to children. Parents tend to forget that children have feelings and that they react to stressful experiences, and often parents think that by not talking about such experiences they will help children forget faster. Children cannot forget painful experiences without first understanding what happened to them. Parents can help by acknowledging their children's feelings and by putting their fears in perspective.

"Some armed men took Daddy away. We don't know when he'll be back, but I'm here..."

Helping CHILDREN AT HOME

Encourage children to talk about what is troubling them.

It is not difficult to find out what is upsetting children. They usually want to talk about what is troubling them. They may not express their feelings when they sense that the adults around them are either not interested or uncomfortable with what they want to share. A mother who may be having problems herself accepting the death of one of her children may unconsciously send messages to the other children that she cannot handle their feelings.

"I know you're sad about your brother. You can talk about his death with me."

Learn to listen sensitively.

Sensitive listening means conveying the feeling that one is interested, capable and ready to hear all of what children have to say. In a sense, by establishing trusting and affectionate relationships with children, parents can help children share their feelings, understand what happened to them and adjust to stressful experiences.

GUIDELINES for PARENTS

Try to maintain normal daily activities.

Ongoing routines and daily activities following stressful events give children a sense of stability and security. Although certain stressful events may disrupt family life, such as the death of the primary caregiver, or displacement, it is important to try to maintain routine daily activities. These could include returning children to school, taking them to the usual places in the community, arranging for them to see regular playmates and to carry on with play activities and sticking to regular feeding and sleeping schedules at home.

Give children an opportunity to deal with stress through play.

Play and activities such as reading or drawing can be used to help children understand and adjust to stressful experiences as well as to distract children from painful feelings. So, for example, a boy that has witnessed the torture of someone he knows may be able to express what he felt by drawing what he saw, and then sharing it with adults. He may also benefit from any other play activity to distance himself from what he has witnessed and to help him relax. Following stressful events, it is important to encourage children and to provide them with the opportunities to engage in enjoyable activities such as play, drawing and reading.

Helping ADOLESCENTS AT HOME

Encourage adolescents to share their experiences with peers.

Adolescents rely less on their families to buffer the impact of stressful experiences. Instead, they rely more on the meaningful ties they have established within their communities. Teachers, local group leaders or other adults that know them become important role models and a source of emotional support. Adolescents need the comforting presence of an adult in times of stress. Like children, they need to understand what happened to them and to share their feelings with a sympathetic adult. The peer group is also a very important source of security among adolescents. Being together following stressful experiences greatly benefits children in this age group, and should be encouraged.

Help adolescents identify their own beliefs about the conflict.

"Why do you think the civil war started?"

It is very important to discuss the political ideology behind a war at home, and to help adolescents identify their personal beliefs about the war and the role their families have chosen in the conflict. Adolescents whose identities are in part tied to a notion of engagement in a meaningful struggle may be protected from some of the negative effects of certain war experiences (such as involvement in fighting or being tortured).

GUIDELINES for PARENTS

It is also crucial to discuss at home the important role adolescents play in rebuilding their nation. This information can help adolescents feel more in control of what is happening in their lives, and can provide a basis from which they can derive a sense of their future role in society.

Discuss with adolescents their roles in rebuilding the community when peace comes.

Often adolescents feel helpless and pessimistic, and such discussions help them build realistic hopes and expectations about their futures.

"I know you can't stop the fighting, but let's think of constructive things we can do."

When possible, adolescents should be encouraged to participate in "reparative" community activities, such as projects organized by local relief organizations or local hospitals, peace education camps or scout projects. Such activities help adolescents feel a sense of control over their lives by taking positive action.

Encourage activities aimed at repairing the community.

Helping CHILDREN AT SCHOOL

Remember how important school is in providing children the stability they need in their lives.

A school becomes one of the few relatively safe places that children turn to during wartime. The act of attending school is a source of stability and continuity in children's daily lives, especially when classes are held regularly and the same teachers head the classes.

Allow children to share their feelings.

The classroom can be used as a place where children share in a group their feelings and reactions to common stressful experiences.

Reassure children that their reactions are normal.

"It is hard to concentrate in class after a scary night of shelling."

The teacher can help children put their fears in perspective by creating a supportive atmosphere and by providing information regarding normal reactions to stressful experiences.

GUIDELINES for TEACHERS

For a class that has a large number of students affected by specific war experiences, a special time can be set aside regularly to discuss these experiences. For a class that has only a few children directly affected by the war, a special time after class can be assigned for group discussions.

If only a few students have been affected, hold a discussion group for them after class.

The teacher can start a class session by asking how many children had their home shelled or attacked, for example, and then allowing each child to share his/her personal experience and how he or she felt about it. The teacher can then provide information regarding the normal reaction to having one's home shelled, while acknowledging the child's personal feelings and reactions. It is important to set a limited time period (10–15 minutes) for these class discussions and then proceed with the teaching.

"It's normal to be upset and frightened by the shooting last night, so let's take a moment to discuss how you felt. Then we can go back to work."

Helping CHILDREN AT SCHOOL

Use class assignments to help children gain a sense of control over their experiences by expressing them.

"Draw the worst thing that happened to you this week."

Certain class activities (such as drawing, reading and story-telling) can be adapted to address children's war experiences. Children can be asked to draw a stressful event or write an essay on how they felt about a specific stressful experience. Again, the aim of such an activity is to help children express their feelings and gain some control over what has happened to them.

Promote involvement in extracurricular activities as a means of relieving stress.

It is important to note that extracurricular activities at school, such as music, sports and arts, have a powerful therapeutic effect and, in time of war, become a means to help children cope with stress.

Initiate discussions on moral issues.

"Do you think that enemy soldiers should be treated better or worse than criminals?"

Teachers should make an effort to initiate general class discussions on topics such as moral behaviour, justice and civic behaviour. Children should be encouraged to discuss what they believe the war is about, how they explain violence, how they justify their behaviours and attitudes towards the opposition (or enemy), what the rules of conduct in their society are.

GUIDELINES for TEACHERS

What is critical in these discussions is to reinforce moral values in children and to introduce the importance of accepting and respecting differences between individuals and resolving conflicts without violence.

Stress the importance of learning to resolve conflicts without violence.

It is important for teachers to be unwavering in their commitment to discipline and to maintain a very structured class environment. Discipline in the classroom helps children focus on their schoolwork and teaches them to respect the teacher and other students.

Maintain a structured class environment that allows students to focus on their schoolwork.

Finally, teachers should pay special attention to children with specific learning or emotional problems. An effort should be made to meet with the parents and discuss plans of action for helping these children. In such cases, the teacher can identify support services for students and families that need assistance beyond what can be provided at school.

Identify students with specific learning or emotional problems and help put them and their parents in touch with relevant support services.

Helping ADOLESCENTS AT SCHOOL

Use the classroom as an environment in which adolescents can share reactions to war.

The classroom can be used as a supportive environment for adolescents to share their feelings and reactions to stressful experiences and to express their concerns and worries about their future. This helps adolescents realize that they are not alone and that caring adults and classmates share their concerns.

"We've been sharing feelings about joining the militia. Now, let's talk awhile about learning how to be peacemakers."

Teachers can guide class discussions and offer information to students. For adolescents, concern about their own potential involvement in the war raises questions about their choices and options. Adolescents can also derive hope from such discussions by learning about conflict resolution skills and about their role in constructively putting an end to the war.

GUIDELINES for TEACHERS

Teachers can encourage adolescents to take actions in order to make a difference in their own worlds. They can encourage them, for example, to put together a library shelf of books and articles on the issues of the war, set up discussion groups to find solutions to many of the problems they face living in a war-torn country or organize meetings to talk to experts about their concerns and questions.

Suggest projects—like the formation of a discussion group on the effects of war—that help empower adolescents.

The aim of these actions is to help adolescents overcome feelings of powerlessness and gain confidence in their ability to understand what is going on around them.

Helping ADOLESCENTS AT SCHOOL

Use your status as a role model to urge adolescents not to enlist in the militia.

For many adolescents, teachers are powerful role models. They are respected, admired and often sought out for advice. Their opinions carry weight. Teachers can impact adolescents in many ways. They can influence adolescents' career plans by stressing the importance of education and/or vocational training, and by discouraging enlisting in the armed forces.

"The only real weapon is education."

Be ready to offer guidance on practical matters, such as managing study time, and emotional ones.

Many adolescents may have part-time jobs and may need guidance on how to study and work at the same time. Teachers can become powerful identification models, possessing certain attributes such as a commitment to higher education and work, respect for the opinions of others, and status in the community. Sometimes teachers are also sought out for emotional guidance, especially when the students come from very deprived backgrounds.

Part Two Chapter 5

Ten specific problems— advice for parents and teachers

Specific problems: CLINGING

Maya is a four-year-old girl who has temper tantrums every time she is separated from her mother. She is unable to play by herself and needs the constant presence of her mother. She fearfully clings to her mother when around other people. She has changed from being a happy child to being anxious and tearful.

CLINGING: advice for PARENTS

During an initial period of time, allow Maya to cling to you. If possible, try not to be apart from Maya for a long period of time. Reassure her that you will never leave her for good (which may be her worst fantasy). If she fears sleeping alone, allow her to sleep with you initially and then gradually make her sleep alone in her own bed.

Constantly reassure the child.

"Mommy will always come back."

When you have to leave Maya, always prepare her in advance, despite her temper tantrums and crying. Explain to her where you are going and when you will be back. Maya is likely to become more distressed and clingy in the future if she cannot anticipate when her mother is going to leave. Always leave her with someone she knows very well (e.g., another member of the family, her teacher, etc.).

Prepare the child in advance when you have to leave.

"Mommy has to go away tomorrow in the morning."

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Specific problems: CLINGING

Try to find out why the child fears separation.

"I know we have lost our home, but you won't lose me."

Try to understand the reason behind Maya's anxious attachment to you. When did the behaviour start? Did anything specific upset or frighten Maya prior to the onset of the behaviour? Did Maya's father, for example, leave the home to fight, did Maya start going to kindergarten, or has Maya's family been violently displaced from their old home? Maya may be scared that you may also be leaving her behind, or if she just started kindergarten or moved to a new home, she may be scared of her new environment and want the comfort of a familiar person. Try to find out what is bothering Maya and explain to her that whatever the cause of her distress, you will not leave her by herself.

Allow the child to express anxieties through play.

Provide Maya with the opportunity to express her fears through play, drawing or other enjoyable activities. Always reassure Maya that the people she loves the most will not leave her, and if they do, they will always come back.

CLINGING: advice for TEACHERS

Allow parents into the classroom.

If Maya attends nursery school or kindergarten, be sure to allow Maya's mother into the classroom for an initial period of time. Some children take longer than others to develop confidence alone in a new setting. The length of time a parent can stay with a child should therefore be flexible. In class, provide Maya with the opportunity to join class activities while her mother watches.

Gradually decrease the amount of time the parent spends in the child's class.

Gradually reduce the amount of time Maya's mother spends in the classroom, until finally Maya is able to be in class on her own. If Maya continues to cry after separation, it may be necessary to plan brief absences of her mother at first, rather than for a whole morning.

Specific problems: BED-WETTING

Salim is eight and a half years old and has recently started wetting his bed. He wakes up in the night crying and embarrassed, and insists on sleeping in his parents' bed for the rest of the night. At school, Salim sometimes wets himself and his friends make fun of him. He has become an anxious and shy child and often feels unloved.

BED-WETTING: advice for PARENTS

It is important to find out the underlying cause behind Salim's wetting. Many children start wetting themselves because of a psychological reason such as being scared, anxious or feeling insecure. The following are three reasons why children wet themselves:

Try to find out the reasons behind the bed-wetting.

"What has been upsetting you lately?"

1. as a reaction to witnessing scary events, such as shelling, combat or violence committed towards people they know

Witnessing violence?

2. as a reaction to changes in family life, such as a parent's departure from home, the birth of a sibling or a tense family atmosphere

Changes in family life?

3. because of fear and insecurity, such as fearing being alone in the dark, being away from home, or worrying about the safety of one's family.

Feelings of personal anxiety or insecurity?

Try to find out the reasons behind Salim's wetting. Allow Salim to talk about the things that are upsetting him. Try to comfort him by explaining that wetting is to be expected when a child is under stress. Never scold or punish Salim for wetting himself.

Reassure the child—never scold or punish.

Specific problems: BED-WETTING

Sometimes bed-wetting is a physiological problem.

If a child's bed-wetting is part of a pattern of delayed toilet-training, you should take your child to a pediatrician for a check-up. Children between the ages of three and five who wet the bed and never have been dry at night may possibly be experiencing physiological difficulties.

At night, comfort the child and return him or her to bed.

"This can happen to anyone. Let's get you dry and back to bed."

When Salim wets the bed at night and wakes up crying, always comfort him. Act very calmly and warmly towards him. It is important not to shout at him or embarrass him. Change Salim's pajamas and bedding. Stay with him for a while, then let him sleep in his own clean bed (it is better to have Salim sleep alone in a bed until he is completely dry at night).

BED-WETTING: advice for PARENTS

Here are six ways to reduce episodes of bed-wetting.

1. Do not let Salim drink too much water or milk in the evening.

Reduce fluid intake.

2. Always take Salim to the bathroom before putting him to bed.

Allow frequent visits to the bathroom.

3. Give Salim the permission to wake you up in the night to go to the bathroom or, if possible, wake Salim up once at night and take him to the bathroom.

4. Spend some time calming and comforting Salim before you put him to bed each night.

Allow child to talk about sources of upset.

5. Reduce Salim's exposure to scary things like watching violence on the TV or listening to adults talk about the war.

Monitor child's exposure to violence.

6. When possible, leave a light on near Salim's bedroom during the night.

Specific problems: BED-WETTING

If bed-wetting is persistent, use a calendar to monitor dry nights.

Finally, if the bed-wetting is very frequent and does not stop after a couple of months, you can use a calendar to mark dry nights and reward Salim for the increasing number of dry nights he achieves each week. So, for example, if Salim is dry for one night the first week of the calendar, he gets to do something he likes. Then gradually the number of dry nights required in order to get a reward is increased until Salim is dry for the whole week.

BED-WETTING: advice for TEACHERS

If Salim wets himself in class, be sure to comfort him and gently ask him to go to the bathroom to clean himself (after the first wetting, make sure the mother is warned so that Salim brings with him an extra pair of underwear to school).

Acknowledge the wetting and comfort the child.

Explain to the class that wetting is normal and that it can happen to any child. Be sure to stop any attempts on the part of the students to make fun of Salim or embarrass him.

"This may happen to any one of you, so let's not make fun of others."

Continue the lesson as usual, and when Salim returns from the bathroom, make sure he resumes his classroom work without any further delay.

Let the child resume classroom work as soon as possible.

At the end of the class, approach Salim and comfort him again. Explain to him that wetting is common, and try to inquire about the cause underlying his wetting.

Always work closely with Salim's mother (or primary caregiver). Share with her your views about the underlying reason behind the wetting, and discuss with her how best to help Salim.

Discuss with parents reasons for wetting, and suggest ways of dealing with it.

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Specific problems: BEDTIME

Mary is a five-year-old child who refuses to go to bed. Every night she finds all kinds of excuses to avoid going to sleep. She often says that she is scared to sleep because she will have nightmares. If Mary's parents force her to go to bed, she starts crying and having a temper tantrum. As a result, Mary's mother has allowed her to stay up until she is physically so tired that she falls asleep on the living room sofa. Sometimes Mary wakes up in the middle of the night screaming and shouting, but she does not remember anything in the morning.

BEDTIME: advice for PARENTS

Mary has three kinds of bedtime problems:

1. refusing to go to bed
2. nightmares
3. night terrors

The following are guidelines for each of these problems:

1. REFUSING TO GO TO BED

The reasons behind a child's refusal to go to bed are many. Mary, for example, may not be tired enough to go to sleep, she may feel anxious about separating from close family members at night, she may fear the dark and being alone in her room, or she may be scared of something she witnessed during the day.

Try to find out the reason behind Mary's refusal to go to bed, and comfort her. You can explain to her, for example, that you will be there when she wakes up, or that you will make sure that she is safe while asleep. You may also leave a light on next to her room during the night.

Try to find the reason behind the child's refusal to go to bed.

"You are not alone, and I will be here in the morning."

Specific problems: BEDTIME

Be firm about child's having a definite bedtime.

It is important to be patient and not to scream and shout at Mary, or to use threats each time she refuses to go to bed. It is equally important not to give in to Mary's wishes and have her stay awake until you go to bed. Rather, you should stay calm but be very firm about the time she should go to bed. If she starts crying, you can comfort her first, but she should then be left alone in her bed, crying until she falls asleep. Although it may be hard for you to hear her cry, remember that she will very soon learn to settle down on her own.

Two tips to remember:

"Nothing is going to happen tonight....We are all here."

"I will come to tuck you in if you go to bed on time."

1. If Mary shares her bed or room with other siblings, you can reassure her that she is not alone at night and therefore she should feel safe.

2. To reward Mary for having gone to bed on time, spend a few minutes next to her when she is in bed.

2. NIGHTMARES

Children often have nightmares and wake up crying towards the second half of the night. Often they need to be comforted, and when reassured by an adult, they will go back to sleep. Most nightmares are symbolically related to events or things that frighten the child. Ask Mary to share with you her bad dream and try to find a way to comfort her. When you reassure Mary, it is important to take her dream seriously even if her fears are imaginative (e.g., a big dog wants to eat her).

Comfort a child after a nightmare. He or she is fully awake and needs reassurance.

With older children (6–12 years old), the content of the nightmares may help you understand what is really upsetting your child. If your child repeatedly dreams of a violent event he or she has witnessed, for example, it becomes clear that he or she was very upset by that event.

Use the content of a nightmare as a clue to what the child fears.

Helping your child talk about the event will gradually reduce the occurrence of the nightmares.

Talk about frightening events.

Specific problems: BEDTIME

3. NIGHT TERRORS

After a night terror, the child is not fully awake and does not need comforting.

Night terrors are very common among children of all ages. The child wakes up screaming and shaking, usually one to four hours after falling asleep. Unlike a child that awakes from a nightmare, a child having a night terror is not fully awake. He or she may cry, talk or scream, but remains only partially awake. During the episode he or she will not recognize you or allow you to comfort him or her. If you try to hold your child, he or she will push you away. After a night terror, a child is not afraid. On waking up, he or she will relax and will return to sleep rapidly. He or she will have no recollection of the episode in the morning.

Do not try to force a child to wake up from a night terror.

With night terrors it is important to stay as uninvolved as possible. Be sure to stay next to Mary until she wakes up from her night terror. Do not try to force her to wake up. Wait calmly until she wakes up by herself, help her to relax, and let her fall asleep immediately afterwards.

BEDTIME: advice for TEACHERS

Bedtime problems are, of course, apparent only at home. However, a teacher can help by identifying those children that seem sleepy in class, and check with their parents to see if they are having any sleep problems. A teacher can also help parents identify some of the problems a child is having that could have contributed to his or her nightmares.

Discuss reasons for sleep problems with parents.

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Specific problems: SCHOOLWORK

Fares, an eleven-year-old boy, has changed schools several times in the last three years because of the war. During the last year, his school performance has dropped drastically. He is described as inattentive, restless and unable to concentrate on his schoolwork. His parents are worried that their bright son will have to repeat his class.

SCHOOLWORK: advice for PARENTS

Try to minimize disruption of schooling.

Children usually change schools during a war because violence has forced their families to abandon their homes and relocate to safer areas, because their families can no longer afford previous tuition rates and seek cheaper schooling for their children, or because the children themselves are advised to transfer to schools "out of the line of fire." Children take time to adapt to a new school environment, to new peers and to different teaching methods. During these adaptation periods, the school performance of children is known to suffer. It is therefore advisable to limit the number of school changes and to try to keep the children in the same school.

Allow for special time to discuss what is upsetting the child.

"Is there something you think about all the time?"

Be sure to allow a special time for Fares at home to share his experiences and talk about what is upsetting him. A good time should be just after school or prior to going to bed. Again, by helping Fares talk about what is upsetting him, you will help him free his thinking, as it were, and concentrate on his schoolwork.

Specific problems: SCHOOLWORK

Stressful memories may cause poor concentration.

The inability of children to concentrate on schoolwork is often caused by the intrusion of stressful memories. Fares' ability to concentrate in class, for example, could have decreased in part because Fares spends lots of time thinking about stressful things that have happened to him lately, such as being displaced from his home, having to leave his best friends behind in the old school and having witnessed heavy combat in his neighbourhood. In other words, the extremely violent and volatile atmosphere of war constantly erodes children's attention so that their ability to focus on schoolwork is then reduced.

Work to provide a structured home life, and be firm about sticking to a study schedule.

Try to structure Fares' home environment so that there are regular daily routines and firm limits to his studying behaviour. Set a time when Fares is supposed to focus on schoolwork. It is important not to interrupt Fares or distract him during these study times. Set specific goals that he needs to achieve during each period. At first, Fares may be able to settle down and focus on his work for only ten minutes. Gradually, he will be able to sit through a whole hour of studying.

Finally, be sure to stress at home the importance of education and the need to do well in school. But do not punish Fares for his poor school performance; rather, positively reinforce his progress at school. So, for example, if he is able to focus on his schoolwork while at home, or if he does relatively well on a school exam, be sure to reward his behaviour. He can either get something he wants or do something he likes. This reward system should go on until Fares is capable of concentrating well in class and at home, and he is able to complete what is expected of him.

Do not punish poor school performance; reward even small improvements.

"I know it is hard for you to do well at school, but I am proud of you for trying."

Specific problems: SCHOOLWORK

Work with parents to monitor progress.

It is important that there be a consistency of expectations and methods of behavioural reinforcement between the home and the school. The teacher should therefore be in close contact with Fares' parents and establish a regular time each week to discuss Fares' progress.

SCHOOLWORK: advice for TEACHERS

Fares should remain in a regular classroom. The following are five simple measures that will help ensure that Fares is able to concentrate in class.

1 Place Fares in the front row next to you, and away from distractions.

Place child in front row.

2 Give Fares one-to-one attention during a fixed amount of time each day (10–15 minutes), when you (or a teacher's assistant) work together with him on a given class activity.

Give 1-to-1 attention.

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Specific problems: SCHOOLWORK

Allow short breaks.

3 Allow Fares to take short breaks from his work by asking him to help you in the classroom.

Reward improved behaviour.

4 During an initial period of time, be sure to positively reinforce Fares' good behaviour at the end of each day. You can either acknowledge him in front of the other students or develop a system of rewards he can earn weekly for doing well in class.

Help child talk through problems, and provide comfort.

5 Spend some time with Fares after class or during class breaks, and try to identify the kinds of stressful experiences or memories that may be disturbing Fares. Help him talk about them (younger children can be asked to draw upsetting events), and comfort him.

If, however, in addition to having a poor concentration span and being restless, Fares has a serious learning problem (such as reading retardation, dyslexia, attention deficit, etc.), remedial education based on a thorough assessment of Fares' strengths and weaknesses is necessary.

Remedial education may be necessary if there are serious learning problems.

In the event that several children in one classroom exhibit the same concentration problems as Fares, it is advisable to divide the class into small groups and to apply the same measures described above. The only difference here is that rather than working with one child, you will be working with a group of four to five children.

If many students have similar difficulties concentrating, divide class into small groups.

Specific problems: ANXIETIES

Hana is seven years old. Her home was hit by a shell and part of the house was badly damaged. Ever since that happened, Hana has become a very anxious and fearful child. She fears leaving the house and shows an excessive dependence on the presence of her father wherever she goes. She constantly worries about future events and repeatedly questions her parents about whether the house is going to be hit again by a shell. She rocks herself to sleep and often wakes up in the morning complaining about headaches or stomach aches and wants to stay home with her mother and not go to school.

ANXIETIES: advice for PARENTS

Sudden and frightening experiences as well as chronic environmental stresses can make children feel very scared, helpless and out of control. They become fearful of new situations, develop nervous habits (such as rocking, nail-biting, stuttering, etc.), become overdependent on parents and often complain of physical aches and pains.

Following frightening experiences, children become very anxious.

It is important to comfort children following stressful experiences. Remember that children need to understand what is happening to them in order to feel reassured. They are very sensitive and easily pick up parental fears and worries. If you are anxious and give your child uncertain, indecisive and worrying responses, you will prolong your child's anxious state. Try to remain calm and in control, and reassure your child by giving him or her honest, simple and clear answers to his or her questions and worries. In the case of Hana, for example, you can explain to her that although shelling may happen again, you are going to be prepared the next time and will go down to the shelter.

Reassure children, and try not to expose them to your fears.

Provide honest and clear explanations of painful experiences.

"Our home may be shelled again, but next time we'll be better prepared."

Specific problems: ANXIETIES

Try to minimize stressful changes.

Children adapt slowly to very stressful situations. Hana must be allowed time to make her adaptations and must be protected, if possible, against too many changes and uprootings. She needs emotional support and reassurance to master her feelings of insecurity.

Proceed by small steps to help child master fears and insecurities.

A gradual introduction to new situations or people may be necessary to enable Hana to manage her own anxiety. It is crucial not to force Hana to face up to her fears and drag her out of the house. This will make her feel more anxious and threatened. In general, small steps work better. If the presence of her father is reassuring to Hana, you can have Hana's father take her to school during an initial period of time. Gradually work towards helping Hana feel safe and less fearful of her environment.

"I'll walk you to school every day until you feel safe going on your own."

ANXIETIES: advice for TEACHERS

Anxious children do not cope well in the classroom.

Anxious and fearful children do not cope well with change or new situations in the classroom. They become inactive under pressure and may cry when they are unable to complete a class assignment. They often appear frightened and fidgety in class.

Deal patiently with anxious behaviour.

Such children require patience and a non-threatening environment. Although they may seem exasperating at times, it is important for you to remain patient with them.

Reward desirable behaviour and ignore undesirable behaviour.

Identify the kinds of classroom behaviours you want to increase and those you want to decrease. The list of desirable behaviours can include, for example, Hana sitting still at her own desk, spending a whole day without crying, following the teacher's instructions, mixing with other children during breaks or completing a class assignment without assistance.

"If you sit all morning, you can use the paints during free time."

Gradually introduce Hana to the list of desirable behaviours. Always reward Hana's desirable behaviours and ignore her undesirable ones. You can use stars or stickers as rewards.

For example, if you are helping Hana to sit at her own desk rather than stand and move around in the classroom, you may give her a sticker each time she sits at her own desk, until she can spend the whole day at her desk. This reinforcement procedure is very helpful in giving children feedback on how to change their behaviours and gain some self-control.

Provide children with a sense of self-mastery by gradually reinforcing desirable classroom behaviour.

Finally, certain class or extracurricular group activities can be used to help children like Hana express their fears about specific stressful experiences and find comfort in knowing other children have similar fears.

Use class assignments and play activities to help anxious children express their fears.

Specific problems: AGGRESSION

Omar is six years old. His mother describes him as out of control and difficult to discipline. He is defiant and very demanding at home. He frequently hits his younger sister and screams and shouts when his mother does not do what he wants. Lately, aggressive themes involving killing and injuring others have dominated his play. His sleep is often disrupted by nightmares, and he has gradually alienated some of his school friends because of his aggressive behaviour.

AGGRESSION: advice for PARENTS

War children are subjected to recurring aggression and violence in their environment. They acquire aggressive behaviour patterns as a result of modeling. They will frequently imitate aggressive role models, such as a family member who is abusive or a local community hero who is a militia fighter. Parents' permissiveness or aggressive behaviour at home, at school or in the community will produce more aggressive behaviour in their children.

Aggressive behaviour is sometimes the result of copying the violence of the environment.

Permissiveness will increase aggressive behaviour.

It is important for parents not to become aggressive role models for their children at home. Always keep the family atmosphere calm and quiet and do not shout or yell at your children. Conflicts at home should be resolved through negotiation rather than physical punishment. Be sure to also impose restraints and controls on aggressive behaviour outside the house between your children and their friends.

Do not shout, yell or physically punish children.

Specific problems: AGGRESSION

Try to identify the experiences that led to the aggressiveness.

"What do you think is making you so angry?"

Children are often disruptive and aggressive as a reaction to feeling scared or frustrated. Find out what is upsetting Omar. His nightmares may help you find the reason behind his aggression. Find out what event precipitated the onset of his aggressive behaviour. Again, help Omar express his feelings and frustrations verbally.

Aggressive behaviour may result from fear or even pent-up energy.

With very young children (3–5 years old), aggressive behaviour could be a manifestation of pent-up energy. Be sure your child gets enough exercise and rough play during the day.

AGGRESSION: advice for PARENTS

Aggressive and disruptive behaviour can be controlled by using any of the following three techniques.

1 Declaring a "time-out"—this technique amounts to ignoring Omar's aggressive behaviour (e.g., hitting his sister) by sending him to a quiet place for a short period of time. Stay firm and calm, and ask Omar to go to a place that is easily supervised by you (e.g., the kitchen). Wait until he calms down on his own, then ask him to come back to the previous situation (e.g., being with his sister), and teach him how you want him to behave.

Declare a "time-out."

"Go to the kitchen until you feel more in control. Then come back here."

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Be an example of behaviour you want children to copy, and always reward the desired behaviours.

2 Some children do not know how they should behave, and parents need to specifically teach them good behaviours. You can model the behaviour you want to see so that Omar can learn by observation. You can teach Omar, for example, how to ask for things from other people without grabbing them, how to say he does not like someone without hitting the person or how to wait for something he has asked for without screaming in anger. Always reward good behaviours, especially in the beginning.

Withdraw attention when the child behaves aggressively.

3 The most effective form of punishment is the withdrawal of attention, and very little else needs to be said. A clear indication that you disapprove of certain behaviours, plus the withdrawal of your affection for a short while, is very effective.

AGGRESSION: advice for TEACHERS

Schools can affect the development of aggressive conduct in children. Many aspects of school life, such as teaching methods, techniques used to maintain classroom discipline, or the social interactions between teachers and students, can either increase or decrease aggressive behaviour in children. A well-organized class, a teacher that shows a personal interest in pupils, and firm discipline in the classroom are all related to a decrease in the disruptive behaviour of students.

Teaching methods, classroom discipline and the teacher's behaviour all have an influence on children's aggression.

Teachers should not allow aggressive behaviour in the classroom. Children may be allowed to play rough games during the breaks, but not during class sessions. Teachers should model or demonstrate the behaviours they want to see so that students can learn by observation. This also means that teachers should behave in a manner that they would like their students to copy. Teachers that hit and argue will often have students that do the same.

Aggressive behaviour should not be permitted in the classroom.

"We don't hit each other to get what we want in my class..."

Specific problems: AGGRESSION

Aggressive and disruptive behaviour can be controlled in the classroom by using the same three techniques advised for parents. These are:

Use a "time-out."

1. "Time-out": which means ignoring aggressive behaviour by sending a child outside the class for a short period of time. Stay firm and calm, and ask Omar to go to a place that is easily supervised by you (e.g., the hallway while you keep the class door open). Wait until he calms down, then ask him to return to his desk and teach him how you want him to behave.

"Please stand in the hallway until you feel calmer."

Model and reward good classroom behaviour.

2. Rewarding good behaviours: after modeling the behaviours you want to see in the classroom, reward Omar each time he behaves accordingly. You can use stars, stickers or a favorite activity as a reward.

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3 Punishment: the most effective form of punishment is the withdrawal of your attention. A clear indication that you disapprove of certain behaviours, plus the withdrawal of your attention for a short while, is very effective, especially with young children.

Withdraw attention as punishment for aggressive behaviour.

Be sure your students get a good amount of physical exercise during the day. This helps reduce aggressive behaviour.

Provide opportunities for physical exercise.

You should not manage aggressive and disobedient children in isolation from their families. A child may come from an emotionally disturbing home life and arrive at school upset, which will then evoke negative responses from you or other children. It is important to work with the child's family so that the interventions are applied consistently at school and at home. When working with the family is impossible, try to establish with the child clear boundaries concerning behaviours that are acceptable at school versus those that are allowed at home.

Work closely with the child's family.

"How do your parents react when you disobey them?"

Specific problems: DEPRESSION

Amina is a 12-and-a-half-year-old girl. Her parents are concerned that she is very isolated, withdrawn and uncommunicative. She always stays in her room and refuses to mix socially with other children. She seems sad and cries easily, and she often refuses to eat, saying she is not hungry.

DEPRESSION: advice for PARENTS

The first step is to find out what it is that Amina is reacting to. Since when was she like this? What are the events or situations preceding this change in her mood? Some children are temperamentally depressed and are always shy, withdrawn and isolated. However, most children become depressed in response to disappointments or stressful events in their lives. Find out what is upsetting Amina.

Try to find out what caused the child's depression.

"What is making you so sad?"

The following is a list of five stressful experiences that could cause depression in children:

1. moving to a new place and leaving behind family and close friends — **RELOCATION**
2. witnessing violent acts — **WITNESSING VIOLENCE**
3. being seriously injured, having to adapt to a physical handicap — **INJURY**
4. having a parent or close family member die — **DEATH IN FAMILY**
5. having an emotionally disturbing family life — **STRESSFUL HOME LIFE**

Specific problems: DEPRESSION

Allow the child to be sad and to share feelings with you.

Once you find out what Amina is reacting to, the next step is to help Amina share her sadness with you. It is very important initially to allow Amina to be sad. Explain that her sad feelings happened after a bad experience and that, in time, she will feel better. Help her talk about how she is feeling and what she is thinking. Then, try to find ways to comfort her and help her regain her usual state of cheerfulness and hopefulness.

Help the child grow in ability to cope with difficult situations.

The following is a list of suggestions that you can use to help Amina in each of the five situations described earlier:

1. Moving to a new place and leaving behind family and close friends: help Amina integrate into her new environment. Help her meet new friends by inviting new neighbours or school friends to the house. Always talk about family members or friends she has left behind and discuss the possibility (if it is realistic) of her returning home someday.

Help the child to meet new friends; talk about ones left behind.

"I know you miss home, but we have to create a new home for us here."

2 Witnessing violent acts: try to explain to Amina why certain violent acts are committed during wartime. Be very honest with her about the reasons behind the violence she has witnessed or experienced. Reassure her that someday the violence will stop. Encourage her to share her experience with other children that have had similar experiences. Have her participate in activities that try to end the violence (if only symbolically), such as helping in school projects on peace or by participating in a community project.

Explain the reasons behind the violence.

Encourage sharing of experiences with other children.

"It may help to talk to your friends—you've all seen horrible things."

Specific problems: DEPRESSION

Build self-esteem and self-confidence.

"You've been so courageous..."

Help the child rejoin the community.

Allow time for normal grief following a death.

3 Being seriously injured and having to adapt to a handicap: in this case, Amina may require help from a specialist. (See Chapter 6.) However, you can still help Amina by being very supportive and trying to build her sense of self-esteem and self-confidence. You can, for example, tell her how courageous and strong she is, how capable she is of overcoming her handicap, and how special a child she is. Gradually, help her integrate at school and in the community.

4 Having a parent or a close family member die: children are often depressed following the loss of someone close to them. We will discuss how best to help a bereaved child below.

5 Having an emotionally disturbing family life: children are often depressed as a result of a tense and cold family environment. War puts a strain on family life. Parents are burdened by the daily demands of a chronic war situation. They often find themselves arguing or fighting with each other, complaining to their children about personal or financial problems, yelling at their children or neglecting them. It is important to try to create a calm and warm family atmosphere so that children feel loved and secure. Discuss with Amina the things you can do to make her feel better.

Work to ease family tensions.

Be sure Amina is well taken care of during her depressed phase. See that she eats properly (help her eat a little every day), is getting enough body exercise (such as running, walking fast, etc.) and is resting well.

Proper physical care is important when a child is depressed.

Specific problems: DEPRESSION

Children that are depressed are often withdrawn and shy in class.

Try to identify depressed children and encourage them to participate in class.

They lack self-confidence and lose valuable opportunities to learn from their peers. Children with "quiet" problems are not always given a top priority, particularly in a classroom with many competing demands. However, it is important to help depressed children to communicate with other children and to be more sociable and confident at school.

"Maybe you can try to read aloud today."

Give 1-to-1 attention to the child.

Spend some time with Amina in a one-to-one situation in order to help her relate to others. Give her emotional support and try to boost her confidence.

Identify and reward the desired classroom behaviour.

Identify a list of target behaviours you want to increase in Amina, such as participating in activities with other children, being sociable during breaks or agreeing to speak in front of the class. Be sure to reward her each time she exhibits a target behaviour.

Work with the child's family and offer emotional support in class.

Always work closely with Amina's parents and discuss with them her progress at home and at school. Be sure to ask about the reasons behind Amina's depressive behaviour and try to comfort her in class.

Specific problems: GRIEVING

David is nine years old. His father was killed by a group of armed men during combat a couple of weeks earlier. David does not talk about his father. His mother suggests that he has forgotten about the death of his father and has completely adjusted to the loss. David's teacher, on the other hand, is concerned that David's behaviour in class has changed and that he has become aggressive and bossy with his peers.

GRIEVING: advice for PARENTS

Children, of course, understand the concept of death differently depending on their age. However, regardless of the age of the child, you should always tell him or her about the death of a parent or of someone close. Some parents think that by not telling their children about a death they are protecting them. In fact, you will do them more harm by hiding the truth about a death in the family than by sharing with them exactly what has happened.

Always tell the child about the death of someone close; don't try to protect them by hiding it.

It is also very important for the bereaved parents to share their sorrow with their children. Do not put on "a brave face" and pretend that all is well. Rather, allow yourself to cry in front of your children and explain to them that sadness and grief are normal and that in time you will feel better. Your emotional openness will help your children share with you their sadness and sorrow and this will help them adjust better to the loss.

Allow the child to see your grief.

"I feel like crying, too, when I think of your dead mother, and I miss her a lot, too..."

Specific problems: GRIEVING

How children understand death depends upon their age.

How to explain death to children will vary depending on their age. Always have someone very close to the child (e.g., the other parent, older sibling, etc.) tell him or her about a death. Be sure that person has the time necessary to stay with the child and answer all of his or her questions. The following are some suggestions to follow with each age group.

VERY YOUNG CHILDREN (3-5 YEARS)

You may need to repeat over and over that the dead person will never return.

Children this age understand and react to the death of a parent or any other close person the same way they understand and react to separation. They think the dead person will come back someday. They may forget about the loss for a while, but soon after they will want to know when the dead person is coming back. With this age group, you can tell them, for example, that "something very sad has happened.... Daddy is gone and will not come back...." You can repeat to them that "Daddy will not come back" every time they inquire about when their father is coming back. Four- and five-year-old children may understand that death is irreversible, but they often think that their dead parent is "living" somewhere else, in another world (heaven).

"Daddy is gone and will not come back, ever."

GRIEVING: advice for PARENTS

YOUNG CHILDREN (6–12 YEARS)

Children this age understand the concept of death. They realize that the dead person will not return. They need to know details about the death, such as when and how their parent died, who was with him or her and where the body is now. They also should be encouraged to participate in the funerals and in receiving condolences. These rituals are important to help the child adjust to the loss.

Give the child details about how the person died.

"Your brother was killed by a bullet shot from far away. He died as soon as he was hit."

ADOLESCENTS (13–16 YEARS)

Adolescents understand the far-reaching consequences of the death of a parent, and in many ways are more vulnerable to loss than young children. They may be forced to assume a premature adult role following a death in the family. It is important, therefore, to allow them the time to feel sad, cry and grieve before they assume family responsibilities.

Allow adolescents time to grieve before they have to take on an adult role.

"Take care of yourself first. Then you can take care of us."

Specific problems: GRIEVING

Grieving occurs in stages.

Children will also vary in their reaction to a death depending on their temperament, family dynamics and their prior relationship with the dead person. However, young children's and adolescents' initial reactions to a death have a great deal in common and can be summarized as follows:

STAGE 1: SHOCK AND DENIAL

Do not go along with the child's denial of the death.

The child feels nothing and is shocked to learn what has happened. The child does not want to believe that the death has happened, because it is too painful. He or she may even deny that the death occurred, as a way of coping, and behave as if nothing has happened. In these cases, be sure to always mention the death and talk about the dead person. Do not collude with your child's denial defenses.

"I know it's painful to accept, but it's true—your father is gone for good."

STAGE 2: ANGER

The child gets angry easily and becomes aggressive with other children. He or she may also feel angry towards the dead person. The child may also blame the other parent for not stopping the death from occurring. Be sure to allow your child to express his or her anger and explain to him or her the circumstances surrounding the death.

Allow the child to express angry feelings.

"It's okay to be angry at me for not protecting your brother from the soldiers."

STAGE 3: SADNESS

Once the child accepts the death, he or she will feel deeply sad and unhappy for some time. Children will cry out for the dead person, dream about him or her and miss him or her. Be sure to keep a picture of the dead person or something that belonged to the dead person around the house. Always be receptive to talking about the dead person. Your child needs to feel that it is all right to talk about the dead and to share with you his or her sadness. Try to help your child adjust to the death by also allowing him or her to form new relationships, which provide him or her with a feeling of comfort, and by providing him or her with the opportunity to engage in new activities as a form of distraction.

Talk about the dead person and allow the child to grieve.

"Do you want to carry your brother's picture for a while?"

If the sadness does not lighten after a few months, see a specialist.

If the child's sadness does not lift in a few months, it may be necessary for you to take him or her to a specialist. We will be discussing this in Chapter 6.

GRIEVING: advice for TEACHERS

Although loss and grief are dealt with in the home environment, the teacher should always be aware of a death in the family. The teacher can prepare the class in advance and say that a child's father, for example, has died and that the child will be sad for a while and that it is important to be friendly to that child.

Prepare the class in advance for grieving.

"Because of the war, some of us may lose someone we love."

If many children in a class have lost someone close to them, the teacher can spend a brief time in class talking about how sad it is to lose someone a child loves, that it is all right to feel sad and angry, and that soon each bereaved child will feel better.

Briefly explain the normal reactions to someone's death.

Try not to draw too much attention to the bereaved child during class, but spend some time in a one-to-one situation with him or her in order to provide emotional support.

Don't focus on a bereaved child, but offer emotional support in class.

Specific problems: RISK-TAKING

Nadim is a 15-year-old boy. His family has been displaced several times in the last year because of the fighting. Nadim's father was killed by a stray bullet while driving his family to a safe place. His mother complains that after his father's death, Nadim has become defiant and aggressive at home. He refuses to go to school and threatens to join the local militia forces. He frequently goes out at night when it is not safe, and his mother suspects that he may be smoking hashish from time to time.

RISK-TAKING: advice for PARENTS

Many adolescents use self-destructive behaviours as a way to cope with feelings of anger and depression. Following stressful experiences, some adolescents involve themselves in a succession of high-risk behaviours, such as taking drugs, refusing to go to school and joining gangs or local militias.

Risk-taking often masks anger and depression.

Although peer pressure at this age is stronger than parental pressure, and adolescents often reject parental interference in their lives, it is important to be firm with adolescents about risk-taking and other unacceptable behaviours. Adolescents need to know that someone is in control of their lives, despite their overt rejection of family advice.

Be firm in opposing unacceptable behaviour.

"I will not tolerate truancy. So, how shall we handle yesterday's absence?"

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Specific problems: RISK-TAKING

Provide a structured home environment with clear rules of conduct.

Try to establish a structured home environment with well-defined rules of conduct. Nadim, for example, must be told what is expected from him, such as being kind and helpful at home, returning home at a reasonable hour of the night and attending school. It is important to have one male authority figure responsible for Nadim's care at this age. Because Nadim's father is dead, be sure to have another male member of the family take on a paternal role (e.g., uncle, older brother, grandfather, etc.).

Help adolescents share their feelings and concerns.

Work together with adolescents to resolve conflicts at home.

Although you should be very firm with Nadim, it is equally important to help Nadim talk about his problems and share his feelings with you. Help him talk, for example, about his father's death and what it meant for him, or about why he hates his school. Let him trust that he is understood and loved by you. Work together with Nadim to find alternatives to the risk-taking behaviours you find unacceptable.

Adolescents in turmoil offer a real challenge to teachers. They are disruptive and aggressive in class, and they are difficult to discipline. While trying not to offer simplistic solutions, these seven teaching suggestions are known to decrease disruptive and disaffected behaviours in the classroom.

1. Arrive at the classroom before the students and admit the students into the classroom in an orderly manner.

Be in classroom before students arrive.

2. Prepare the lesson in advance. Have all the materials ready.

Have lesson fully prepared.

3. Start and end the lesson on time. Speak clearly and loudly. Convey a feeling of enthusiasm for the topic you are teaching.

Speak clearly and enthusiastically.

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Specific problems: RISK-TAKING

Use brief questions.

4 Don't slow down the pace of the lesson to answer questions. Keep your students engaged and interested. Use brief questions to keep students alert.

Intervene when problems arise.

5 Keep an overview of the whole class when you teach. Be aware of what each student is doing. Intervene promptly when a problem arises.

Make sure material is appropriate.

6 Make sure that the topic, materials and homework of the lessons are appropriate to the age and abilities of the students.

Show interest in students.

7 Show an interest in your students, be available to discuss topics after class, but in class be brief and firm.

RISK-TAKING: advice for TEACHERS

Teachers can become powerful role models for adolescents in turmoil. They are often sought out to offer advice, especially when the adolescents have difficulties talking to their parents. In these cases, it is important to work closely with the adolescents' families and discuss with them your suggestions for helping their children.

Be a role model for students and an adviser for their families.

Many adolescents may have problems staying in school because of financial problems. Encourage students to find part-time jobs while attending school. Do what you can to dissuade adolescents from joining militia groups for financial reasons.

Help students stay in school.

"The militia's money is tempting, but you'll lose your future if you join."

Specific problems: 'ACHES & PAINS'

Rima is 13 years old. She and her family live with her grandmother because their house was destroyed by a shell. Rima is a very sensitive girl, and she often complains of severe headaches and dizzy spells. She often stays home with her mother because she is in pain and cannot go to school. The doctors did not find anything wrong with Rima, but she still gets severe headaches.

'ACHES & PAINS': advice for PARENTS

When a child gets sick and the doctors find nothing wrong with the child, then the reason behind the illness is psychological stress. The stresses to which children are most vulnerable from the viewpoint of their physical health lie within the family. A tense and disharmonious family atmosphere with relative neglect of the child is often linked with psychosomatic complaints in children. It is important, therefore, to ensure that the family atmosphere is calm, warm and supportive of the child.

'Aches and pains' for which there is no medical cause are signs of anxiety or depression.

When children feel insecure or anxious, they often express their feelings through their bodily aches and pains. Helping the child talk about his or her problems will help alleviate the child's physical pains. Explain to Rima, for example, that many children get pains when they are worried. Then tell her that by talking she may find what is bothering her and slowly she will see that her headaches or dizzy spells come from her worries.

Help child put fears and worries into words.

"Children often get headaches when they don't like the thoughts they are thinking."

Be sure Rima is getting enough exercise and that she is eating well.

Specific problems: 'ACHES & PAINS'

Do not pay too much attention to complaints about aches and pains: focus on the child when he/she is feeling well.

Often, certain psychosomatic complaints arise as a result of the family's rewarding the bodily complaints by paying undue anxious attention to them. Be careful not to pay too much attention to Rima's headaches. Rather, pay attention to Rima during the days when she feels well and has no headaches. This will help reduce the occurrence of the complaints, and Rima will feel better.

'ACHES & PAINS': advice for TEACHERS

Make sure a doctor sees the child.

If you have a child in your class that frequently complains of aches and pains, contact the child's family to be sure the child is seen by a doctor.

Don't allow the child's complaints to be a way of getting sympathy or attention.

If the doctor suggests that the aches and pains are due to stress, then reassure the child when in class without paying too much attention to his or her complaints.

You can, for example, tell Rima that lots of children get headaches when they are tired and that these headaches will disappear with time. Then ask Rima to take a short break and sit quietly in her chair until she is able to resume her classwork. Do not pay too much attention to Rima during these breaks. When Rima resumes her work, be sure to reward her on her ability to handle her headaches.

Specific problems: 'ACHES & PAINS'

Make sure the child does not miss school days.

If a child misses too many school days because of psychosomatic complaints, be sure to meet with the child's family and stress the importance of having the child back in school.

Part Two Chapter 6

When a child-care specialist is needed

Identifying severe **PROBLEMS**

Many common problems, such as clinging, anxiety and grieving, can reach a **SEVERE** or extreme stage. If that happens, the problems cannot be handled by parents and teachers alone; additional medical or psychological help is necessary. Thus, it is extremely important to be able to identify behaviours indicating a degree of severity that must be handled by specialists. If a child has any of the following problem behaviours, you should take the child to see a child specialist.

RECOGNIZING when a specialist is needed

A CHILD IS SEVERELY DEPRESSED WHEN HE OR SHE: — **SEVERE DEPRESSION**

- feels sad all the time and cries a lot
- does not eat and is getting thinner and thinner
- is tired all the time and wants to stay in bed
- is unable to sleep at night
- feels so hopeless that he or she talks about ending his or her life.

IF A CHILD HAS A SERIOUS PHYSICAL HANDICAP — **PHYSICAL IMPAIRMENT**

or injury, such as an amputation, severe burns, blindness or loss of hearing, he or she will require special therapeutic services that cannot be offered at home or at school. Such services include physiotherapy, prostheses fitting, rehabilitative work and vocational training.

Identifying severe PROBLEMS

OVERACTIVITY

A CHILD CAN BE RECOGNIZED AS OVERACTIVE BY:

- inability to sit still for any length of time
- difficulties concentrating and frequent daydreaming
- engaging in impulsive and dangerous activities such as running into streets in front of cars or climbing out onto dangerous high places
- low tolerance for frustration and a tendency to become overexcited in large groups
- learning difficulties.

INDICATIONS OF AN ADDICTION PROBLEM INCLUDE: **DRUG DEPENDENCY**

- the child admits that he or she is taking drugs
- extreme restlessness and an inability to sleep
- slurred speech and an inability to communicate clearly
- reports from teachers or friends of the suspected taking of drugs
- a gradual decline in school or work performance
- overspending of money that cannot be accounted for or frequent claims that money has been lost or stolen.

Identifying severe PROBLEMS

POST-TRAUMATIC STRESS

AFTER AN EXTREMELY STRESSFUL ('TRAUMATIC') experience, a child may behave in a way indicating a post-traumatic stress reaction, which is characterized by:

- a persistent re-experiencing of the stressful event, such as having daily nightmares or constantly thinking about the event
- a diminished interest in enjoyable activities and an emotional detachment from parents or friends
- an increased state of alertness, such as extreme nervousness, exaggerated startle responses, poor concentration, and sleep disturbances.

If all these behaviours persist for more than one month, you should seek help from a specialist.

REFERRALS to child-care specialists

Child specialists who can help children with severe behavioural problems are usually psychologists, psychiatrists, pediatricians, social workers, psychiatric nurses, school counselors or community health workers. These people have the expertise and experience to work with children that require special help.

If your child exhibits any of the above set of problem behaviours, ask your family doctor to refer you to a child specialist in your community, or go to the nearest dispensary and ask the community workers to help you.

If you are a teacher and you decide to refer one of your students to a specialist, be sure to talk to the child's family first and try to arrange a referral for the child.

Once the parents get a referral to see a specialist, they must go alone without their child to the first visit. This will allow them to talk freely about their child's problems without upsetting or embarrassing the child. The child specialist will work closely with the child and his or her family, and sometimes with the child's teacher. Parents will be encouraged, supported and guided on how to effectively help their children.

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I wish to express my appreciation of colleagues and friends for their inspiring and valuable contributions on behalf of children affected by war. Below, a list of some of their publications.

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